

Level of care criteria are based on definitions and guidelines derived from the Federal regulations and are used to assist assessors in evaluating clinical information submitted.

## **PEDIATRIC**

### **NURSING FACILITY LEVEL OF CARE**

#### **Summary:**

1. Nursing facility level of care is appropriate for individuals who do not require hospital care, but who, on a regular basis, require licensed nursing services, rehabilitation services, or other health-related services *ordinarily provided in an institution*. With respect to an individual who has a mental illness or mental retardation, nursing facility level of care services are usually inappropriate unless that individual's mental health needs are secondary to needs associated with a more acute physical disorder.
2. The criteria set forth herein encompass both "skilled" and "intermediate" levels of care services.
3. A nursing facility level of care is indicated if the conditions of Column A are satisfied in addition to the conditions of Column B being satisfied. Conditions are derived from 42 C.F.R.409.31– 409.34.
4. Some examples of those cases which meet Nursing Facility Level of Care Criteria are as follows:
  - a. Severely Medical Fragile Child as they will meet the criteria in Column A, 1, and I,2, b and possibly others under 2 depending on the individual child plus Column B. Examples of children in this category include the child with Spina Bifida who has been hospitalized 3 or more times in the past year for shunt infection/malfunction or Urinary Tract Infections or a child with Poorly Controlled Type I Diabetes requiring hospitalization 3-4 times per year. These are ONLY examples and other cases may qualify in this category.
  - b. Child with Cystic Fibrosis if they are receiving oxygen 5-7 days a week intermittently or continuously and/or the child has to be hospitalized 3-4 times per year for Cystic Fibrosis exacerbations which will meet the criteria in Column A, 1, and I, 2, b, j and Column B.
  - c. Child with Osteogenesis Imperfecta Type 2 and 3. A child with Type 2 has the most severe form which is frequently lethal and the child has numerous fractures with severe bone deformity. Type 3 has bones that fracture easily and possible respiratory problems. This child will meet the criteria in Column A, 1, and 2, b, k and II (possibly a-e) and Column B.
  - d. Child who is medically unstable awaiting organ transplant and/or is in post-op period for one year post transplant. This child will meet the criteria in Column A, 1, and I, 2, b, and possibly others under 2 depending on the individual child plus Column B. This child will meet hospital level of care while in hospital for transplant. Once the child is stable post transplant he/she no longer meets nursing facility level of care criteria.
  - e. Children born at 26 weeks or less gestation. These children are at high risk of complications due to prematurity and are in the NICU at the beginning of life. These children would meet hospital level of care criteria while hospitalized and nursing facility level of care once discharged. The child will meet multiple criteria in Column A and B depending on the medical needs of the child and will initially be approved for only six months and then re-evaluated.
  - f. Child with Hemophilia: who is receiving IV Factor 8 on a 2-3 times/month schedule; or who has documented antibodies to Factor 8 (high risk for bleeding); or who exhibits chronic joint syndrome or a head bleed which requires an aggressive rehabilitation program. The child will meet multiple criteria in Column A and B depending on the medical needs of the child.
  - g. Child with Sickle Cell: who is receiving chronic transfusions of 1-2 per month; or is admitted to the hospital with acute chest syndrome 2 or more times per year; or who is in pain crisis requiring hospitalization 3 or more times per year; or who has had a stroke and is involved in an aggressive rehabilitation program. The child will meet multiple criteria in Column A and B depending on the medical needs of the child.

COLUMN A	COLUMN B
<p>1. The individual requires service which is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, technical or professional personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, and speech pathologists or audiologists,</p> <p style="text-align: center;"><b>AND</b></p> <p>In addition to the condition listed above, one of the following subparts of #2 must be met:</p> <p style="text-align: center;"><b>I.</b></p> <p>2. The service is one of the following or similar and is required seven days per week:</p> <ul style="list-style-type: none"> <li>a. Overall management and evaluation of a care plan for an individual who is totally dependent in all activities of daily living</li> <li>b. Observation and assessment of an individual's changing condition because the documented instability of his or her medical condition is likely to result in complications, or because the documented instability of his or her mental condition is likely to result in suicidal or hostile behavior</li> <li>c. Intravenous or intramuscular injections or intravenous feeding</li> <li>d. Enteral feeding that comprises at least 26 per cent of daily calorie requirements and provides at least 501 milliliters of fluid per day</li> <li>e. Nasopharyngeal or tracheostomy aspiration</li> <li>f. Insertion and sterile irrigation or replacement of suprapubic catheters</li> <li>g. Application of dressings involving prescription medications and aseptic techniques</li> <li>h. Treatment of extensive decubitis ulcers or other widespread skin disorder</li> <li>i. Heat treatments as part of active treatment which requires observation by nurses</li> <li>j. Initial phases of a regimen involving administration of medical gases</li> <li>k. Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;"><b>II.</b></p> <p>2. The service is one of the following or similar and is required five days per week:</p> <ul style="list-style-type: none"> <li>a. Ongoing assessment of rehabilitation needs and potential: services concurrent with the management of a patient care plan</li> <li>b. Therapeutic exercises and activities performed by PT or OT</li> <li>c. Gait evaluation and training to restore function to a patient whose ability to walk has been impaired by neurological, muscular, or skeletal abnormality</li> <li>d. Range of motion exercises which are part of active treatment of a specific condition which has resulted in a loss of, or restriction of mobility</li> <li>e. Maintenance therapy when specialized knowledge and judgment is needed to design a program based on initial evaluation</li> <li>f. Ultrasound, short-wave, and microwave therapy treatment</li> <li>g. Hot pack, hydrocollator, infrared treatments, paraffin baths, and whirlpool treatment when the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, etc. and specialized knowledge and judgment is required</li> <li>h. Services of a speech pathologist or audiologist when necessary for the restoration of function in speech or hearing</li> </ul> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;"><b>III</b></p> <p>2. The service is one of the following only if an additional special medical complication requires that it be performed or supervised by technical or professional personnel:</p> <ul style="list-style-type: none"> <li>a. Administration of routine medications, eye drops, and ointments.</li> <li>b. General maintenance care of colostomy or ileostomy</li> <li>c. Routine services to maintain satisfactory functioning of indwelling bladder catheters</li> <li>d. Changes of dressings for non-infected postoperative or chronic conditions</li> <li>e. Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems</li> <li>f. Routine care of incontinent individuals, including use of diapers and protective sheets</li> <li>g. General maintenance care (e.g. in connections with a plaster cast)</li> <li>h. Use of heat as a palliative and comfort measure (e.g. whirlpool and hydrocollator)</li> <li>i. Routine administration of medical gases after a regimen of therapy has been established</li> <li>j. Assistance in dressing, eating, and toileting</li> <li>k. Periodic turning and positioning of patients.</li> <li>l. General supervision of exercises that were taught to the individual and can be safely performed by the individual including the actual carrying out of maintenance programs</li> </ul>	<ul style="list-style-type: none"> <li>1. The service needed has been ordered by a physician.</li> <li>2. The service will be furnished either directly by, or under the supervision of, appropriately licensed personnel.</li> <li>3. <i>The beneficiary must require skilled nursing or skilled rehabilitation services, or both, on a daily basis.</i></li> </ul>